

Box Patent Application

In the United States Patent and Trademark Office

Mailed 2003 July 7

19704 U.S. PTO 10/616321

ir:	et application papers.
policant #1. Name: DALLA	nt application papers: SCL04ATRE
nnlicant #2 Name	
itle Treating Cacheric	and Externi Catatolism with (-) . Hydrofyate
Specification, Claims, and Abstract	
P Declaration: Date Signed:	ly 7, 2003
Drawing(s): Nr. of Sheets Enc.: Fo	
Small Entity Declaration of Inventor	r(s) SED of Non-Inventor / Assignee / Licensee
Assignment enclosed with cover sh	neet and recordal fee; please record and return.
Check for \$ 370 for:	Credit Card Payment Form
	or filing fee (not more than three independent claims and twenty total claims are presented)
□ \$a	dditional if Assignment is enclosed for recordal.
♣ Information Disclosure Statement, I	Form PTO-1449, and listed references.
Disclosure Document Program refe	·
Pursuant to 35 U.S.C. §119(e)(i), a	pplicant(s) claim priority of Provisional Patent Application Ser. Nr.
filed	
Return Receipt Postcard Addressed	to Applicant #1.
	7(j): The undersigned, a pro se applicant, respectfully requests that if the Examiner finds I in this application, but feels that Applicant's present claims are not entirely suitable, the
Examiner draft one or more allowab	ole claims for applicant.
ery respectfully,	
Dellas Z Clou	at_
pplicant #1 Signature	Applicant #2 Signature
DALLA	AS L CLOUATRE
	INCOLN BLVD #112 Address

In the United States Patent and Trademark Office

Mailed 2003 July 7

Box Patent Application
Assistant Commissioner for Patents
Washington, District of Columbia 20231

Fee Transmittal

First-Nam	ed Applicant PALLAS L CLOUATI	
Title of Inv	vention: Treating Cadaria and Excession	Catabolin with (-) - Hydrofiater Haid.
Total Payr	nent Enclosed (From Calculation Below): \$ 370	Check Money Order Cushit Cand Form
Sir:		•
Enclosed	is the following small entity filing fee for the above patent applicati	on:
Fee Code	e Fee Description	Fee (\$)
214	Provisional Pat. Appn. Filing Fee	
201	Basic Utility Appn. Filing Fee	370
206	Basic Design Appn. Filing Fee	
	Subtotal (1)	<u> 370</u>
203	Total Claims:; X	
202	Tot. Indep. Claims ; X; X	(fee for each indep. claim over 3) =
	Subtotal (2)	
Total Pay	ment Enclosed [Sum of Subtotals (1) and (2)]	370-
Very respe	las & Clouate PLD	_
Signature of	First-Named Applicant LAS L CLOUATRE	
Print Name	of First-Named Applicant	_
Address	DALLAS L CLOUATRE 1247 LINCOLN BLVD #112 SANTA MONICA, CA 90401	_ _
	DALLAS L CLOUATRE 1247 LINCOLN BLVD #112 SANTA MONICA, CA 90401	

Form 10-1A: Fee Transmittal